

MYTHS & FACTS ABOUT INFLUENZA

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INFLUENZA

American Lung Association's
Influenza Prevention Program

In collaboration with sanofi pasteur

We all are “faces” of influenza. The Centers for Disease Control and Prevention (CDC), with the support of leading health experts, recommends that everyone 6 months of age and older be immunized this and every year.¹ Many misconceptions about the influenza virus and influenza vaccine persist, despite the widespread impact of the disease and the benefits of the vaccine.

MYTH: Influenza is no more than a nuisance, much like the common cold, that cannot be prevented.

FACT: Influenza, commonly referred to as the “flu,” is a severe respiratory illness that is easily spread and can lead to severe complications, even death.^{1,2} Each year in the US, on average, influenza and its related complications result in approximately 226,000 hospitalizations.¹ Depending on virus severity during the influenza season, deaths can range from 3000 to a high of about 49,000 people.³ Combined with pneumonia, influenza is the nation’s eighth leading cause of death.⁴ You can help avoid getting influenza by getting vaccinated each year.¹

MYTH: You can get influenza from a flu shot.

FACT: The flu shot does not contain the live virus so it is impossible to get influenza from the vaccine. Side effects may occur in some people, such as mild soreness, redness, or swelling at the injection site, headache, or a low-grade fever. Vaccination is safe and effective, and the best way to help prevent influenza and its complications.¹

MYTH: Only the elderly are at risk for developing serious complications from the influenza virus.

FACT: Influenza impacts people of all ages. However, a significant number of people in the US are at higher risk for getting sick or developing serious complications from influenza.^{1,5} Children typically experience the highest rates of influenza infection each year, and they were hit particularly hard by the H1N1 influenza virus. From April 2009 through mid April 2010, the CDC reported 334 pediatric deaths from influenza.⁶ However, typically, the elderly are hardest hit by seasonal influenza. About 90% of deaths caused by influenza and its complications occur among people 65 years of age and older.⁷

MYTH: I missed the chance to get an influenza vaccination in the fall, so now I have to wait until next year.

FACT: You and your loved ones can get vaccinated at any point during the influenza season. You should be immunized as soon as vaccine is available in the late summer or early fall. If you didn’t have a chance to obtain influenza vaccine early in the influenza season, immunization into the spring or as long as the influenza virus is in circulation is beneficial. This is because in most seasons, influenza activity doesn’t peak until winter or early spring. In fact, as long as influenza viruses are in circulation, it’s a good idea to get vaccinated. It only takes about 2 weeks for the vaccine to protect against the virus.¹ Talk to your health-care provider for more information about the importance of influenza vaccination.

MYTH: It is not necessary to get immunized against influenza every year because protection lasts from previous vaccinations.

FACT: The types of influenza viruses circulating in the community change from year to year. Because of this, a new vaccine is made each year to help protect against the current strains. Also, immunity to influenza viruses may wane after a year, so it is important to get vaccinated against influenza every year.¹

MYTH: People shouldn’t be immunized against influenza if they are sick.

FACT: Minor illnesses with or without fever should not prevent vaccination, especially in children with mild upper respiratory infections (colds) or upper respiratory allergies. In addition, vaccination is critically important for people with chronic illnesses, such as asthma, diabetes, and heart disease who have a higher risk for developing influenza-related complications. These individuals should be immunized each year. Individuals with severe allergies to eggs or those who have had a previous vaccine-associated allergic reaction should avoid immunization. Talk to your health-care provider for more information.¹

MYTH: I seem to get the stomach flu each year.
My friend told me the influenza vaccine might prevent the stomach flu next year.

FACT: Many common respiratory and stomach infections are often mistakenly referred to as “the flu.” However, influenza is a severe respiratory illness that is easily spread and can lead to severe complications, even death, for you or someone with whom you come into contact. Common symptoms of influenza infection include a high fever (101°F–102°F, or higher) that begins suddenly, sore throat, chills, cough, headache, and muscle aches. Influenza vaccine helps protect against influenza virus but not against viral gastroenteritis, often called the “stomach flu.”¹

MYTH: The flu changes every year, so getting a flu shot will not protect me from getting sick.

FACT: Influenza is unpredictable and viruses change throughout the year. That is why the composition of the influenza vaccine changes each year as well. Getting vaccinated annually is the best way to help protect against influenza. Even if the vaccine is not a perfect match, it will often offer some protection against a different, but related, strain that may begin to circulate in the community. This could mean milder illness or prevention of complications.¹ Visit the CDC Web site to learn more: www.cdc.gov/flu.

The CDC, with the support of leading health experts, recommends that everyone 6 months of age and older be immunized. However, influenza immunization rates in the highest-risk groups fall far short of public health goals every year. Groups at higher risk of developing influenza-related complications include:¹

- People 50 years of age and older
- Children 6 months – 18 years of age
- Pregnant women
- People of any age with certain chronic medical conditions, such as asthma, chronic obstructive pulmonary disease (COPD), heart disease, diabetes, and others
- Residents of long-term care facilities and nursing homes

Additionally, those who come into close contact with high-risk groups should get vaccinated, not only to help protect themselves against influenza, but also to help avoid spreading the virus to more vulnerable populations. They include:¹

- Household contacts and caregivers of anyone in a high-risk group, including parents, siblings, grandparents, babysitters, and child care providers
- Health-care personnel

To ensure families everywhere understand the risks of influenza, the American Lung Association has launched a national public educational initiative called *Faces of Influenza*. We all are “faces” of influenza—people 6 months of age and older who should be immunized against influenza this and every year. To learn more about the program, influenza, and vaccination, visit www.facesofinfluenza.org.

References:

1. Centers for Disease Control and Prevention (CDC). Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR*. 2010;59(RR-8):1-62. 2. CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. *MMWR*. 2008;57(RR-7):1-64. 3. CDC. Estimates of deaths associated with seasonal influenza – United States, 1976-2007. *MMWR*. 2010;59(33):1057-1062. 4. CDC. Deaths: Final data for 2006. National vital statistic reports. 2009. http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf. Accessed March 30, 2010. 5. U.S. Census Bureau. U.S. POPClock projection. 2008. <http://www.census.gov/population/www/popclockus.html>. Accessed March 30, 2010. 6. CDC. 2009-2010 Influenza season week 13 ending April 3, 2010. <http://www.cdc.gov/flu/weekly/index.htm>. Accessed April 13, 2010. 7. CDC. What you should know and do this flu season if you are 65 years and older. <http://www.cdc.gov/h1n1flu/65andolder.htm>. Accessed March 30, 2010.

